

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fine, or civil penalties as provided by 29 U.S.C. 436 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U- <input type="text" value="753"/>	2. Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / <input type="text"/> Through: <input type="text"/> / <input type="text"/> / <input type="text"/>
3. Name and address of person filing.	
Name: <input type="text" value="Steve"/> <input type="text" value="Horvath"/>	4. Name, file number, and address of labor organization.
P.O. Box, Bldg., Room No., If any: <input type="text" value="M-2 # 400"/>	Name: <input type="text" value="IBEW"/> File No.: <input type="text" value="L-074-1070"/>
Street: <input type="text" value="22 C Rd"/>	Labor Organization File Number: <input type="text" value="051893"/>
City: <input type="text" value="Morganree"/>	P.O. Box, Building and Room Number, If any: <input type="text"/>
State: <input type="text" value="Michigan"/>	Street: <input type="text" value="119 S Front St"/>
ZIP Code + 4: <input type="text" value="49855"/>	City: <input type="text" value="Marquette"/>
State: <input type="text" value="Michigan"/>	ZIP Code + 4: <input type="text" value="49855"/>
5. Position in labor organization: <input type="text" value="Executive Board Member"/>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests
(as defined as specified in the definitions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
	Name: <input type="text"/>	<input type="text"/>
	Trade Name, If any: <input type="text"/>	<input type="text"/>
	P.O. Box, Bldg., Room No., If any: <input type="text"/>	7.b. Amount.
	Street: <input type="text"/>	<input type="text"/>
	City: <input type="text"/>	<input type="text"/>
	State: <input type="text"/>	ZIP Code + 4: <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed:

On:

Date:

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Margarette S. A.T.C.Trade Name, if any: I.B.E.W. Local 1070P.O. Box, Bldg., Room No., if any: Street 119 S. FrankCity MargaretteState MichiganZIP Code + 4 49855

9. Business deals with:

- a. Labor Organization
 b. Trust
 c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State ZIP Code + 4

11.a. Nature of such dealing.

J.A.T.C. reimburses any member who may lose hours for working in J.A.T.C. office. Reimbursement for lost hours and benefits

11.b. Approximate dollar value of such dealing. 272.10

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State ZIP Code + 4 13.b. Is the Business an Employer or Consultant

14.a. Nature of payment.

14.b. Amount of payment.